تقييم العلاج ببعض قوابض الرحم كوسيلة للوقاية من احتباس المشيمة في الابقار الحلابة

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أجريت ثلاث محاولات كطرق وقائيه لتقييم حقن البروستاجلاندين والأوكسيتوسين والإرجومترين بعد الولاده مباشرة وتأثيرها على فترة نزول المشيمه عقب الولاده الطبيعيه وغير الطبيعيه ، وقد أجريت التجربه على ١١٦ بقره من الأبقار الفريزيان والخليط وقسمت الى أربعة مجاميع كالتالى :

المجموعة الأولى: أشتملت على ٣٢ حيوان ٩١ عسر ولاده ٢٣٠ ولاده طبيعيه ا تركت بدون علاج واستعملت كضوابط لمقارنة النتائج .

المجموعة الثانية: أحتوت على ٢٢ بقره (٤ عسر ولاده ، ١٨ ولاده طبيعية) حقن كل حيوان منها عضليا بواسطه ٢٥ مجم من البروستاجلاندين (ليوتاليز)

المجموعة الثالثة: أشتملت على ٤٠ بقره ٥١ عسر ولاده ٢٥٠ ولاده طبيعية حقنت كل بقره منها عضليا بواسطه ٦٠ وحده دولية اوكسيتوسين .

المجموعة الوامعة: أحتوت على ٢٢ بقره (٤ عسر ولاده ١٨٠ ولاده طبيعيه) حقنت كل واحده منها بواسطه ١٠١ مجم ميثيل إرجومترين.

وقد كان معدل إحتباس المشيعة في المجموعة الضابطة الرحموعة مقارنة بنظيرتها في مجموعة البروستاجلاندين (١٥٢١٪) ومجموعة الإرجومترين (١٨ر٢١٪) . كما أظهرت النتائج ايضا أن الأوكسيتوسين اختزل بطريقة معنوية من معدل إحتباس المشيعة بينما كان البروستاجلاندين من أسرع العلاجات في طرد المشيعة من حيث الوقت بعد العلاج ، كما كان معدل حدوث التهاب الرحم أقل في المجموعة المعالجة (١ر٢٢٪) عنها في المجموعة الضابطة (١ر٢٢٪) عنها في المجموعة الضابطة المحالجة عنها في المجموعة الضابطة المحالجة عنها في المجموعة الضابطة .

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> EVALUATION OF VARIOUS UTEROTONIC SINGLE TREATMENTS FOR PROPHYLAXIS OF RETAINED PLACENTA IN DAIRY COWS (With 2 Tables)

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SUMMARY

Triple blind randomized clinical trials were performed to asses the efficacy of immediate postpartum (pp) injection of prostaglandin F_2 (PGF $_2$), Oxytocin and ergometrine on the duration of placental expulsion following both normal and abnormal parturitions. One hundred and sixteen Holstein Friesian and crossbred cows were assigned randomally following calving to one of four treatment groups. Group 1, 32 animals [9 had dystocia (D) and 23 had normal birth (NB)] received saline and used as control. Group 11, 22 cows [4 D and 8 NB], each animal received 25mg PGF_2 [Lutalyse], Group III, 40 cows (5 D and 35 NB), each cow was administered 60 i.u. oxytocin and Group IV, 22 cows (4 D and 18 NB), each cow was given 1.4 mg methylerogometrine. The time until fetal membranes released was calculated. The placenta was considered retained, when the fetal membranes were not released 12 hours PP. The rate of placental retention was 34.4% for controls compared to 22.7%, 15% and 31.8% for PGF a oxytocin and methergine-treated cows respectively. Oxytocin reduced significantly the occurrence of retained placenta, while PGF caused only rapid release of the placenta when injected immediatly after calving. Moreover, the incidence of PP metritis was less in the treated groups (23.1% vs 34.4% in the controls). In addition, the percentage of animals having optimum service period was significantly greater (X=23.81, P/ 0.01) in treated groups than in the non treated control group.

INTRODUCTION

The role of prostaglandin upon the physiological mechanism of placental seperation in the cow has been stated by HORTA (1981), where it was shown that cyclooxygenase (enzyme responsible for synthesis of PGF $_2$) inhibition early after calving leads to a retention of the afterbirth. Moreover, the pharmacological effects of PGE $_2$ and PGF $_2$ was studied in relation to the time needed for placental seperation and expulsion and to the strength of uterine contractions (HORTA, 1984). The results obtained suggested that PGE $_2$ inhibits the normal placental seperation process, while PGF $_2$ seems to stimulate this mechanism, consequently it was postulated that an imbalance in PGE $_2$ /PGF $_2$ synthesis early in PP could be associated with placental retention. PGF $_2$ seems to be synthesized in the maternal caruncle because

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the high 15-hydroxyprostaglandin dehydrogenase concentration is suposed to be associated with a high synthetic activity (KEIRSE, et al. 1976, 1977).

It has been known that oxytocin simulates the final myometrial activity and the explusion of the foetus after the Freguson's reflex is induced during parturition. Oxytocin release must be sustained thereafter to expell the after birth (RUESSE, 1980). Therefore, exogenous oxytocin has been suggested for prevention of a retained placenta immediately postpartum (ROBERTS, 1971; CURTIS, 1973 and MILLER and LODGE, 1984).

Concomitantly, ergometrine maleate has been demonstrated that has a powerful oxytocic and vasoconstrictor effect (SLOSS and DUFTY, 1980), which is thought to make it valuable in uterine atony.

Although there are good deal of circumstantial recent experimental evidences that PCF oxytocin and ergometrime are uterotonic in early postpartum uterus (SLOSS and DUFTY, 1980; BRETZLAFF and OTT, 1981; ARMSTRONG-BACKUS, et al. 1983; KO, et al. 1985), little is known of their clinical applications for prevention of retained placenta. Therefore, triple blind randomized clinical trials were performed to assess the efficacy of immediate PP injection of PCF oxytocin and ergometrine on the duration of placental explusion following both normal and abnormal parturations as well as on subsequent fertility.

MATERIAL and METHODS

One hundred and sixteen Friesian Holstein and crossbred cows calved from January 1986 to March 1987 were used in this investigation. In the analysis of the herd over about one year period there was a recorded average of 17.5% retained placentas (39/227). Immediately following calving, all cows were assigned randomlly to one of four treatment groups (Table 1). In group 1, 32 animals (9 cows had dystocia and 23 had normal birth) received saline and used as control. Group II consisted of 22 cows (4 cows had dystocia and 18 calved normally), each animal received a single injection of 5ml of PCF (25 mg. Lutalyse), Ubjon Co., Kalamazoo MI), immediately following calving. In group III, 40 cows (5 cows had dystocia and 35 calved normally) were given 6ml of oxytocin (60 IU, oxytocin synth. Giba - Geigy Limited, Basle, Switzerland). In group IV, 22 cows (4 cows had dystocia and 18 cows had calved normally) were administered 7ml. of methergin (1.4mg, Methylergometrine hydrogen maleate, Swiss pharma S.A.E. Cairo). The time of calving, time of injection, time of placental release, incidence of calving difficulty (dystocia) and incidence of twins were recorded for all animals. The hours until fetal membranes released were calculated as the time (hours) from calving until spontaneous placental expulsion. Animals were considered to have retained placenta if the foetal membranes were not released within 12 hours PP.

Data were statistically analysed by using t-test and χ^2 according to SNEDECOR and COCHRAN (1976).

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Table (1)
Distribution of experimental animals

		Treatment				
Animals	Control	PGF ₂ ~	Oxytocin	Methergin		
No. of cows had dystocia	9	4	5	4		
No. of cows had normal calving	23	18	35	18		
Total No. of animals	32	22	40	22		

RESULTS

It is clear from the data (Table 2) that the incidence of placental retention differes between the treated groups. The rate of placental retention was 34.4% for control cows as compared to 22.7%, 15% and 31.8% for the PGF $_2$ oxytocin and methergin-treated cows respectively.

The mean length of time from parturation to placental release was 5.3 ± 0.23 for the control and 4.4 ± 0.29 , 4.8 ± 0.21 and 5.5 ± 0.26 for the PGF oxytocin and methergin-treated animals respectively (Table 2). Moreover, the incidence of postpartum metritis was less in the treated than control group (23.1% vs 34.4%).

The percentage of animals having optimum service period was significantly greater (χ^2 = 23.81, P/ 0.01) in treated groups than in the non treated control group (Table 2).

DISCUSSION

Retained placenta has been reviewed and discussed in veterinary literature (ROBERTS, 1971 and SQUIRES, 1980). The normal incidence of retention is 8% in dairy herds but rises from 25 to 70% following dystocia. Treatment of retained placenta has always been controversial issue (PALMER, 1932 and RÓBERTS, 1971), however, the prevention of the condition has not been as thoroughly discussed. Methods of prevention have included both the minerals selenium (JULIEN, et al. 1976) and iodine (MOBERG, 1959) and Vitamines A, D and E (ISHAK, et al. 1983) supplementation of the prepartum cow. Additionally oxytocin and PGF have been suggested for prevention of a retained placenta (ROBERTS, 1971; GURTIS, 1973; MILLER and LODGE, 1984 and GROSS, et al. 1986).

Under the condition of these trials a single [M injection of oxytocin (60 IU), PGF $_2$ \sim (25mg) descreased the percentage of cows with placental retention. This reduction was only significant in animals injected with oxytocin ($X^2=3.96$) but failed to show significance in animals injected with PGF $_2$ \sim On the other hand, methergin (1.4 mg) failed to show improvement

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in the incidence of retained placenta nad seemed to be comparable to control group (31.8% vs 34.4%). These results are partially parallel to the findings of GROSS, et al. (1986) regarding PGF, administration, where they demonstrated that application of PGF, (Lutalyse) within 1 hour PP is effective in reducing the incidence of placental retention for at least induced calving model. Also our results support previous findings of HORTA (1984), GROSS, et al. (1985) and HORTA, et al. (1986) who propose action for PGF con to stimulate placental seperation in the cow, as well as they deduced that a deficiency of PGF, or a lack of the conversion of PGE to PGF is responsible for placental retention. Moreover, this effect was also observed by HERSCHÉER and LAWERENCE (1984) after clinical application of fenprostalene (a long acting PGF, analogue) for treatment of cows had retained placents. Since PGF, and had a direct effect on mouse macrophages, increasing their phagocytosis, whether this phenomenon occurs in cattle is unknown (RAZIN, et al. 1978). However, chemotaxis and leucocytes presence in the placentomes are required for normal loosening of the placenta and when both were absent the incidence of retained placenta approached 100% (GUNNINK, 1984 a). Also unidentified leucocyte chemotaxis inhibiting factor (LCIF) was demonstrated in the bovine cotyledons with retained placentas (GUNNINK, 1984 b) and this could be a causative factor for an insufficent loosening process. Moreover, Polish workers (ROMANIUKOWA, 1984) reported that phagocytosis was impaired in cows with retained foetal membranes and metritis.

Some authors have been attempted to minimize the incidence of retained placenta in dairy herds by routinely injection of oxytocin PP in cows with and without difficult parturations (CURTIS, 1973; RUSSE, 1980 and MILLER and LODGE, 1984). Our clinical findings are partially consistent with the previous findings of RUSSE (1980). Advantageously, the results of oxytocin injection PP was superior than the other clinical trials used. Concomitantly RUSSE (1982) demonstrated that exogenous oxytocin given immediately after dystocia or caesarean section reduced considerably the incidence of retained placenta. In contrast, MILLER and LODGE (1984) have observed no significant difference in retained placenta between control and oxytocin treated cows following calving.

Regarding the results of methergin, less encouraging results were observed after administration and had no advantageous effect on placental expulsion in comparison with the control
and other treated groups. There was no circumstantial clinical evidence could be obtained
from available literature, however, most of the usage of ergonovine (ergot compound) is based
on empirical results rather than controlled experiments. In addition, it is considered to produce
a prolonged series of uterine contractions which is thought to make it valuable in uterine
atony (GUSTAFSSON, 1984). However, in the PP cow (1 to 14 days after parturation), ZEROBIN
(1980) failed to demonstrate increased uterine activity immediately or within several hours
of the administration of ergometrine maleate.

The data presented here would suggest that both oxytocin and PGF₂ play a facilitatory role in the dropping of placenta, through enhancing uterine contraction and/or may have a stimulatory effect on phagocytosis by uterine leucocytes (RAZIN,et al.1978 and VANDEPLASSCHE and BOUTERS, 1983), where the later factor is proved to be required for normal loosening of the placenta (GUNNIUK, 1984).

Regarding service period, advantageous results were noticed in treated cows as compared to control ones. These results are in partial accord with findings of KUCHARSKI, et al. (1980) and BOB, et al. (1984). Contradictorily. RICHEL, et al. (1984) and KUMMER, et al. (1984) did not find any significant difference in the average service period after application of carbetocin (long acting oxytocin). However, they reported that shortest sevice period was found in cows treated with both oxytocin and PGF $_{2}$. It is difficult to interpret the effect of oxytocin,

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PGF₂ and ergometrine on the interval from calving to conception since the results in individual groups are very different and the differences were caused by a quite number of factors. However, results of several studies indicate that cows with retained placent a have an increased incidence of metritis and that metritis require further treatment and does significantly affect subsequent fertility (SANDALS, et al. 1979; RICHEL, et al. 1984 and DOHOO and MARTIN, 1984). Consequently, it is conceivable that in herds that have a relatively high incidence of retained placenta administration of oxytocin or PGF₂ immediately following normal or abnormal parturation may would have a benefical and economic effects to minimize the problem and reduce the costs of further treatment.

Table (2)

Effect of PGF oxytocin and Methergin on placental expulsion in dairy cows.

Group	Retained Dropped placenta placenta						Total No. of	% R.P	Time from treatment to expulsion		% of animals
	bonistat, ik	D	Total	N.B	D	Total	Animals		(hours)		with optimum
		Jupit No.	nista lagariti	the pwint	PATIS, 11	19 alcody	KQ 15 65	Mean	Range		
Control saline	2	9	11	21	retail	21 ^a	32	34.4	5.3 <u>+</u> 0.23 ^c	2-8	28.1
PGF ₂ ~	1	4	5	17	dys	17	22	22.7	4.4 <u>+</u> 0.29 ^d	2-6	41
Oxytocin	3	3	6	32	2	34 ^b	40	15.0	4.8+0.21	1-7	62.5
Methergin	3	4	7	15	-	15	22	31.8	5.5+0.26	3-8	41
Total	9	20	29	85	2	87	116				

a and b significantly different from each other 5% level ($X^2 = 3.96$)

+ Standard error. N.B = Normal birth D = Dystocia

R.P = Retained Placenta S.P = Service period

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